Given name added by supplement 28

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

ORIGINAL CERTIFICATE OF BIRTH

BUREAU OF VITAL STATISTICS

1. County of _Graham_
District of _Graffer Solomon_
Town of _Central_
— or —
City of _____ No. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. _235_
County Registrar No. _____
Local Registrar No. _113._
St. _____ Ward

2. Full name of child _Melburn Corthel Taylor_

If child is not yet named, make supplemental report, as directed.

3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or/other _____	6. Legitimate? _Yes_	7. Date of birth
Boy		5. No., in order of birth _2_		_10_ Month _26_ day _1925_ year

FATHER	**MOTHER**
8. Full name _Ralph R Taylor_	14. Full maiden name _Ida L Horton_
9. Residence (Usual place of abode) If nonresident, give place and state _Central_	15. Residence (Usual place of abode) If nonresident, give place and state _Central_
10. Color or race _White_	11. Age at last birthday _24_ (Years)	16. Color or race _White_	17. Age at last birthday _22_ (Years)
12. Birthplace (City or place) (State or country) _Az_	18. Birthplace (city or place) (State or country) _Az_
13. Occupation Nature of Industry _Farm_	19. Occupation Nature of industry _Housewife_

20. Number of children of this mother (Taken as of time of birth of child herein certified, and including this child.)
(a) Born alive and now living _2_
(b) Born alive but now dead _n_
(c) Stillborn _n_

21. Were precautions taken against ophthalmia neonatorum? _yes_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _8_ a.m. on the date above stated.
(Born alive or stillborn.)

There was no attending physician or... the father, householder, etc., ...this return. A stillborn child ...neither breathes nor shows other ...*These item... life after birth.

Signature _W. E. Platt_
(Physician or midwife)
Address _Thatcher_

Filed _11-7_, 19_25_

J. W. Stratton
H.B. Local Registrar.

Filed _____, 19___
Registrar.
County Registrar.

_435-1026-955_